US EPA RECORDS CENTER REGION 5

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) LΩ 242 Postage ⇉ 6 Certified Fee S D Return Receipt Fee (Endorsement Required) 9000 Restricted Delivery Fee (Endorsement Required) SHIC Total Postag 0350 Vorys, Sater, Seymour and Pease Sent To Attn: Martyn Brodnik 52 East Gay Street Street, Apt. N or PO Box No P.O. Box 1008 7007 City, State, Zi. Columbus, OH 43216-1008 (re: Franklin Int'I/Glue) PS Form 3800. 🦰

Certified Mail Provides: A mailing receipt

- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

Important Reminders:

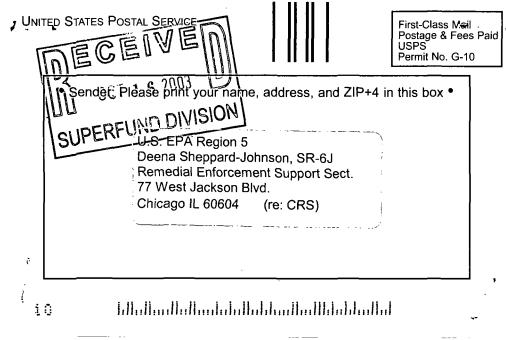
- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is not available for any class of international mail.
 NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For.
- valuables, please consider insured or Registered Mail.

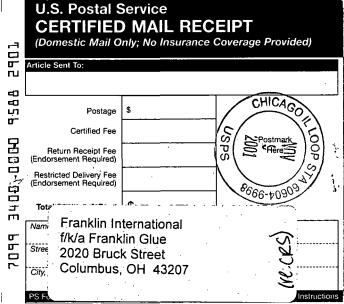
 For an additional fee, a Return Receipt may be requested to provide proof of
- delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the artifice at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

SENDED: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complète items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery	
Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space paralis JV 151011	C. Signature X Agent Addressee	
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Vorys, Sater, Seymour and Pease Attn: Martyn Brodnik 52 East Gay Street	OCT 1 4 2003	
52 East Gay Street		
Aun: Martyn Brodnik	3. Service Type ☑ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.	
52 East Gay Street P.O. Box 1008 Columbus, OH 43216-1008	Certified Mail	
Attn: Martyn Brodnik 52 East Gay Street P.O. Box 1008 Columbus, OH 43216-1008 (re: Franklin Int'l/Glue)	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	

THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.





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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.		I also wish to receive the following services (for an extra fee):	
Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit.		1. Addressee's Address	
■ Write "Return Receipt Requested" on the mailpiece below the article number.		2. Restricted Delivery	
■The Return Receipt will show to whom the article was delivered and the date delivered.		Consult postmaster for fee.	
3. Article Addressed to:		4a. Article Number 7099 3400 0000 9588 2901	
Franklin International f/k/a Franklin Glue		4b. Service Type	
f/k/a Franklin Glue	☐ Registere	☐ Registered ☐ Certified	
2020 Bruck Street Columbus, OH 43207	☐ Express	☐ Express Mail ☐ Insured	
Columbus, OH 43207	☐ Return Re	☐ Return Receipt for Merchandise ☐ COD	
	7. Date of D	7. Date of Delivery	
5. Receivéd By: (Print Name)		Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X 1 / Whys lo New /			
PS Form/3811, Degember 1994/		Domestic Return Receipt	

